

BEST AVAILABLE COP[®]

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* IND.	* IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51	/	
2		/					52	/	
3	/						53	/	
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47		/					97		
48		/					98		
49		/					99		
50		/					100		
TOTAL IND.							TOTAL IND.	4	
TOTAL DEP.							TOTAL DEP.	457	
TOTAL CLAIMS							TOTAL CLAIMS	51	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS